***BROWNSVILLE INDEPENDENT SCHOOL DISTRICT***

***2018 SUMMER RECREATION PROGRAM***

**PARENT OR GUARDIAN’S PERMIT**

I HEREBY GIVE CONSENT FOR MY SON/DAUGHTER

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO PARTICIPATE IN THE SUMMER RECREATION PROGRAM SPONSORED BY THE BROWNSVILLE INDEPENDENT SCHOOL DISTRICT.

I HERE WITH GRANT PERMISSION FOR SCHOOL EMPLOYEES

SECURE MEDICAL SERVICES FOR THE ABOVE NAMED PARTICIPATE IF NECESSARY, BUT ASSUME ALL RESPONSIBILITY FOR MY

SON/DAUGHTER’S MEDICAL EXPENSES.

IT IS UNDERSTOOD THAT NEITHER THE BROWNSVILLE

INDEPENDENT SCHOOL DISTRICT NOR THE INSTRUCTORS ASSUME ANY RESPONSIBILITIES IN CASE AN ACCIDENT OCCURS. THE UNDERSIGNED AGREES TO BE TOTALLY RESPONSIBLE FOR ANY AND ALL EXPENSES THAT ARE NECESSARY.

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DATE SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE NUMBER / CELL NUMBER

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER IN CASE OF EMERGENCY

*BISD does not discriminate on the basis of race, color, national origin, sex, religion, age, disability or genetic information in employment or provision of services, programs or activities.*